



**2009-2010
WAIVER AND RELEASE OF LIABILITY
AND MEDICAL/APPEARANCE AGREEMENT
READ COMPLETELY BEFORE SIGNING**



Participant Name		Team/School Name as Entered	Event Date
Birthdate	Age	Address	
All Phone Numbers Including Emergency Number		City	State Zip

One (1) Waiver and Release of Liability and Medical/Appearance Agreement must be completed for each participant who enters a Champions Cup Series event from September 1, 2009 through August 31, 2010. All forms must be received by mail by the final deadline date and must contain original signatures. No faxed copies will be accepted. Forms must be completely filled out and will be returned if not complete. If participating in more than one Champions Cup Series event this form will be good for all events.

I, the undersigned parent or legal guardian of the participant listed above do hereby grant permission for my son/daughter to participate in any Champions Cup Series event in the 2009-2010 season. In consideration of being allowed to participate in any way in the Champions Cup Series event, related events and activities during the 2009-2010 competitive season ("Events"), I, _____, the undersigned, acknowledge, appreciate and agree that: (Name of Participant)

1. The risk of injury from the activities involved in these events is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist: and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, as listed below, or others and assume FULL responsibility for my participation: and,
3. I willingly agree to comply with the stated and customary terms, conditions and rules for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately: and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS USA Sports Production and the Champions Cup Series events, their officers, directors, officials, agents and/or employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, including any and all claims, demands, damages and expenses related in any way to the Events WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I further INDEMNIFY all of the above Releasees from any and all liabilities incident to my involvement or participation in these Events to the fullest extent permitted by law.

MEDICAL AND APPEARANCE AGREEMENT

Assumption of Risk/Insurance: I understand that USA Sports Production will not be responsible for any medical expenses incurred at a Champions Cup Series event. All expenses for any medical treatment required will be assumed by the participant, parent or legal guardian and/or the participant's insurance company. I certify that I have medical insurance for my child that will provide coverage while he/she participates in any Champions Cup Series event during the 2008-2009 competitive season.

Medical Treatment: I understand I will be notified as soon as possible in the event of an emergency. Furthermore, I authorize the directors and management staff of USA Sports Production and the Champions Cup Series events to act for me, according to their judgment in any emergency requiring medical attention if I am not present. I hereby release and forever discharge USA Sports Production, the directors and management staff from any claim whatsoever which arises on account of any medical services rendered or medical decision made in connection with this power of consent to treatment in connection with an emergency at or during a champion Cup Series event.

Appearance Agreement: I understand that USA Sports Production produces promotional material about their Champions Cup Series events. I understand that my son/daughter may be included in video tape or photography taken during one or more of these events. I hereby grant USA Sports Production, its successors, assignees, licensees, sponsors, any television networks and all other commercial exhibitors the exclusive right to photography and/or video tape my son/daughter and further to utilize my son/ daughter's name, face, likeness, voice and appearance as part of the event, and in advertising and promotion of the event and/or series without reservation or limitation and without monetary compensation of any kind for such use. In granting this license, I understand that USA Sports Production is under no obligation to exercise any of its rights, licenses and privileges herein granted.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND MEDICAL/APPEARANCE AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Age: _____ Date Signed: _____
PARTICIPANT SIGNATURE

**FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, for myself, my spouse, my heirs, assigns and next of kin, have read and do consent and agree to his/her release, as provided above, of all the Releasees and hereby RELEASE the same. Further, I, for myself, my spouse, my heirs, assigns and next of kin agree to INDEMNIFY and HOLD HARMLESS the Releasees from any and all liabilities incident to my minor child's involvement or participation in these Events as provided above EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or otherwise, to the fullest extent permitted by law. Further I understand and agree that this Waiver, Release and Indemnity apply to all Champions Cup Series events in the 2009-2010 competitive season.

X _____ DATE SIGNED
PARENT/GUARDIAN'S SIGNATURE